IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16159 DATE 6-3-93 TAX MAP NO. 25-7-A-19

~~OWNER OR~~ CONTRACTOR SPEARS CONSTRUCTION PHONE: Business 636-7954 ~~Home~~ 4648-08-8164

ADDRESS 607 ANDERSON AVENUE, SALISBURY N.C. 28144

LOCATION ON N/SIDE OF CORNELIUS ROAD 4/10 MILE WEST OF JUDAS ROAD

SUBDIVISION MILLS FOREST BLOCK / SECTION ____ LOT 19 LOT AREA 20,000 SQFT SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 1000 ✓ Gallons; STB PST 825 Date 7-10-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1200 * Linear Feet 200'

No Lines 4 Trench Width 2' Trench Depth 28" ~~Gravel Depth~~ SAND

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description * PP BPS GRAV. DISTRIBUTION #1

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☒ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☒ Yes ☐ No

☐ Business No. Employees ____ Auto. Washing Machine: ☒ Yes ☐ No

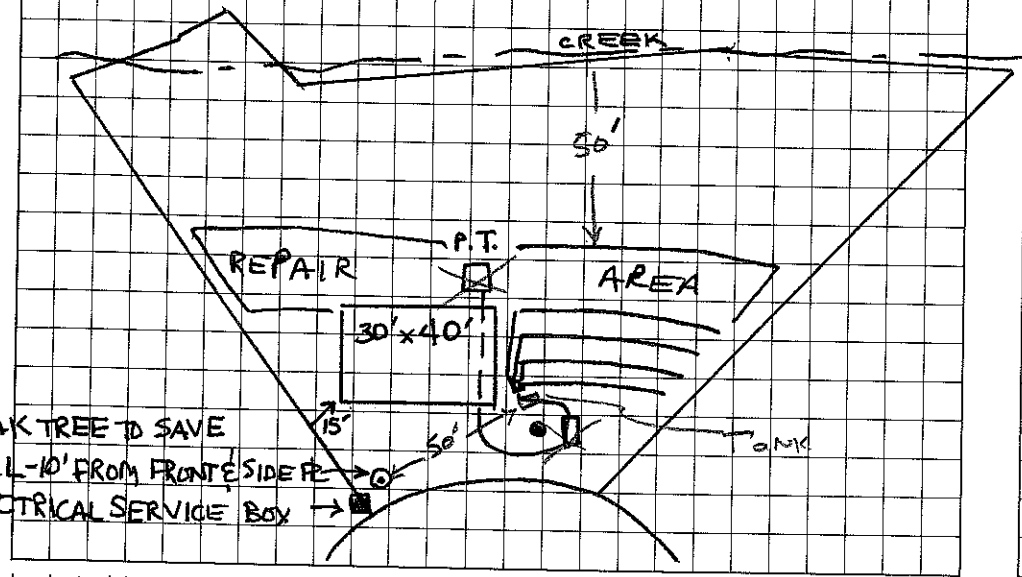
☐ Other ____ Other ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

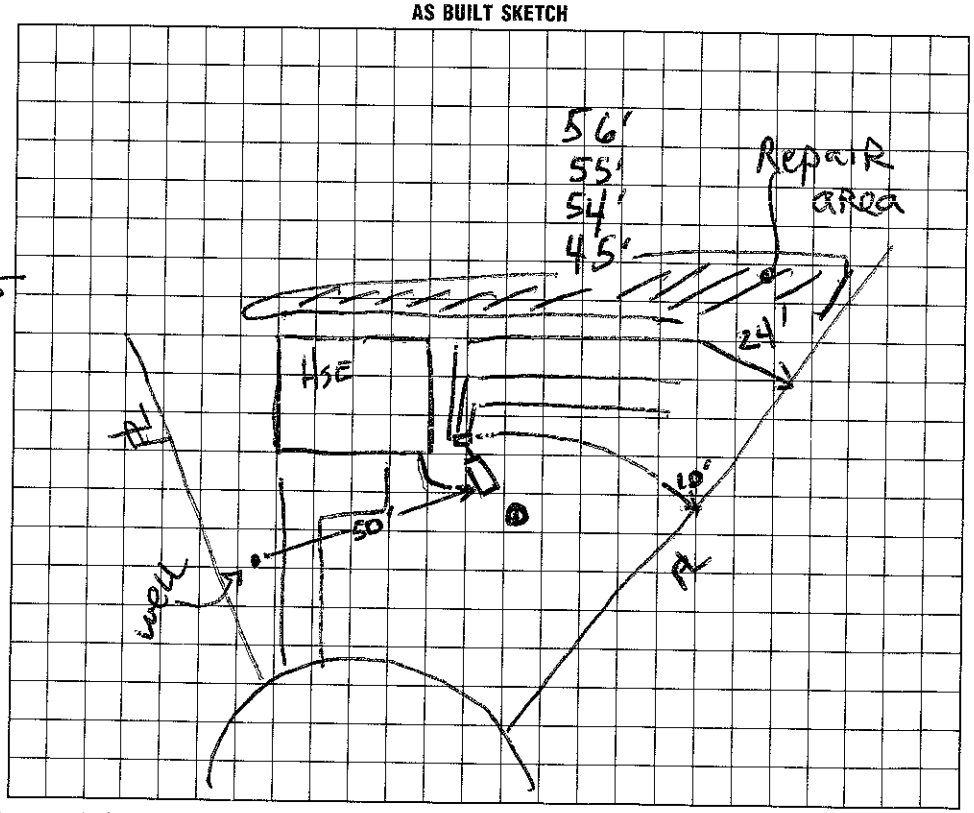
Comments PUMP TANK WILL BE SEALED FIBERGLASS W/ GRINDER PUMP PREFERABLY INSTALLED IN CRAWL SPACE (DIAGRAM SHOWS POSSIBLE OPTION). PUMP LINE OF SCH 40 PVC; GREATER IF PLACED UNDER DRIVE. TEN PANELS IN UPPER TWO LATERALS, ELEVEN IN LOWER TWO LATERALS. CALL DEPARTMENT FOR SITE VISIT W/ INSTALLER PRIOR TO EXCAVATING FOOTING. DO NOT EXCAVATE WITHIN 10' OF DRAINFIELD AREA.

INITIAL SITE SKETCH

8-12-93 House nearing completion Site visit for layout. Pump will not be necessary - place tank just above d. box in diagram



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: X

Improvement Permit by: Andrea Lemon date 6-3-93

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank Service

Certificate of Completion by: Andrea Lemon date 8-17-93

Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD